

Request to Release Retained Funds

Project No. _____

County _____

Contractor _____

Accounting ID _____

Twice the Amount of Claims on File _____

Liquidated Damages + _____

Possible Overpayments + _____

Items not completed + _____

Total of retention to continue _____

Remaining amount of retained funds is requested to be paid.

Contract Acceptance Date (435) _____ or,
(Retained funds shall be paid not sooner than 30 days after the Contract Acceptance Date.)

% Contract Complete _____
(Retained funds shall be paid not sooner than 30 days after the DCE Approval Date.)

Recommended by: _____
Project Engineer

Date

Approved by: _____
DCE

Date

Approved by: _____
Office of Construction

Date

Disposition:

Project Engineer – Submit completed form to DCE

DCE – Forward approved form to Office of Construction

Construction – Forward approved form to Office of Finance and, if contract has not been accepted, a copy to Office of Contracts